

## 2014-15 Monitoring report of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	City University
Programmes monitored	Registered Nurse - Mental Health; Specialist Practitioner - District Nursing (Mandatory Integrated Nurse Prescribing)
Date of monitoring event	04-05 Mar 2015
Managing Reviewer	Brenda Poulton
Lay Reviewer	Adrian Mason
Registrant Reviewer(s)	Hugh O'Donnell, Sandra Burley
Placement partner visits undertaken during the review	Mile End Hospital - Cygnet Hospital, Clozapine Clinic, Tower Hamlets, Barnet, Enfield and Haringey Mental Health NHS Foundation Trust; Enfield Community Services; Central and North West London NHS Foundation Trust
Date of Report	13 Apr 2015

### Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC) is the professional regulator for nurses and midwives across the United Kingdom (UK) and Islands. Our primary purpose is to protect patients and the public through effective and proportionate regulation of nurses and midwives. We aspire to deliver excellent patient and public-focused regulation.

We seek assurance that registered nurses and midwives and those who are about to enter the register have the knowledge, skills and behaviours to provide safe and effective care. We set standards 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.

Published in June 2013, the NMC's Quality assurance (QA) framework identified key areas of improvement for our QA work, which included: using a proportionate, risk based approach; a commitment to using lay reviewers; an improved 'responding to concerns' policy; sharing QA intelligence with other regulators and greater transparency of QA reporting.

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 Approved Education Institutions (AEIs) and it engages nurses, midwives, students, service users, carers and educators.

Our QA work has several elements. If an AEI wishes to run a programme it must request an approval event and submit documentation for scrutiny to demonstrate it meets our standards. After the event the QA review team will submit a report detailing whether our standards are "met", "not met" or "partially met" (with conditions). If conditions are set they must be met before the programme can be delivered.

Review is the process by which the NMC ensures AEIs continue to meet our standards. Reviews take account of self-reporting of risks and they factor in intelligence from a range of other sources that can shed light on risks associated with AEIs and their practice placement partners. Our focus for reviews, however, is not solely risk-based. We might select an AEI for review due to thematic or geographical considerations. Every year the NMC will publish a schedule of planned reviews, which includes a sample chosen on a risk basis. We can also conduct extraordinary reviews or unscheduled visits in response to any emerging public protection concerns.

This monitoring report forms a part of this year's review process. In total, 17 AEIs were reviewed. The review takes account of feedback from many stakeholder groups including academics, managers, mentors, practice teachers, students, service users and carers involved with the programmes under scrutiny. We report how the AEI under scrutiny has performed against key risks identified at the start of the review cycle. Standards are judged as "met", "not met" or "requires improvement". When a standard is not met an action plan is formally agreed with the AEI directly and is 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 that the NMC sets standards for	4.1.1 Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for	4.2.1 Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register 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 City University's programmes

The School of health sciences at City University, London incorporates not only nursing, midwifery and public health but also a range of allied health professionals, health policy and management programmes. The school provides a range of NMC approved programmes leading to registered and recorded qualifications.

The school was re-approved to deliver the pre-registration nursing (adult, child and mental health) programmes in April 2012 and specialist practice (district nursing) qualifications in January 2011. This monitoring review focuses on the pre-registration nursing (mental health) programme and the specialist practice qualification (SPQ), district nursing with integrated community nurse prescribing programme.

Students at the university are positive about the programme and the support they receive from the university and its practice placement partners. The commissioner and employers confirm that the pre-registration nursing (mental health) programme prepares nurses who are fit for practice at the point of registration. Employers also confirm that the university prepares district nurses who are fit for practice at the point of recording.

Whilst key risks were controlled for resources and fitness for practice, we found unmet outcomes in admissions and progression for the pre-registration nursing (mental health) programme and quality assurance for the district nursing programme. Additionally, practice learning requires improvement for the district nursing programme. The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders. Consideration is given to student experiences in five hospitals that are part of Bart's Health NHS Trust and University College Hospital NHS Foundation Trust which were subject to adverse Care Quality Commission (CQC) reports in January 2014.

The university produced an action plan to address the unmet outcomes and a return visit to the university on 19 October 2015 confirmed that the action plan has been fully implemented and the identified risks are now controlled.

## Summary of public protection context and findings

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 experience. However, the university does not have an effective process to ensure that pre-registration nursing and midwifery students confirm good health and good character at the end of each year of the programme, before entering any subsequent year of practice. This presents a risk to public protection.

The university acted swiftly by ensuring all affected pre-registration nursing and midwifery students completed an online self declaration of good health and good character. 100% compliance was achieved within seven days of the monitoring visit. Furthermore, the university developed an action plan to address the ineffective process for confirming students' annual self declaration of good health and good character to ensure this risk was managed.

A return visit to the university on the 19 October 2015 to review progress made against

the action plan confirmed that there are effective systems and processes in place to prevent unsuitable students from entering and progressing to qualification and the standard is met.

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.

The university has sound policies and procedures in place to address issues of poor performance in both theory and practice. The robust fitness to practise (FtP) procedure manages incidents of concern, both academic and practice related. We found evidence of the effective implementation of these procedures. There are examples of students being subject to remedial action or their programme terminated demonstrating the rigour of the process in ensuring public protection.

We found that mentors, sign off mentors and practice teachers are effectively prepared for their role in assessing practice. For the programmes we monitored mentors and practice teachers had all completed annual updates and where appropriate had triennial reviews. However, some mentor registers had omissions and completed triennial reviews had not been recorded. The university and its practice partners should improve the processes for maintaining accurate and up-to-date mentor registers to prevent students being supervised by mentors who do not meet NMC standards.

We conclude that practice placement providers have a clear understanding 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 university and NMC requirements to protect the public.

We are confident that programme learning strategies, experience and support in practice placements enable students to meet programme and NMC competencies. Students report that they feel confident and competent to practise at the end of their programme and to be registered as nurses or recorded as SPQ district nursing, on the NMC professional register. Mentors and employers describe students completing the programmes as fit for practice and purpose.

We found that the current external examiner for the SPQ district nursing programme does not have 'due regard' for district nursing, nor can we be sure about the expertise for the quality assurance of the V100 community nurse prescribing element of the programme. The university must establish an effective process for the appointment of external examiners that ensures all appointees have the required qualifications and experience to act with 'due regard', thus preventing the potential for unsuitable nurses and midwives being admitted to the NMC register.

The university has implemented an action plan to address the lack of rigour in the appointment of suitably qualified external examiners by introducing a more effective process for the nomination and appointment of external examiners. New external examiners with 'due regard' for district nursing and V100 have been appointed.

A return visit to the university on the 19 October 2015, to review progress made against the action plan, confirmed that there are systems and processes in place to ensure external examiners have the necessary 'due regard' and the standard is met.

We did not find any evidence to suggest that there are any adverse effects on students' learning as a result of the CQC review in placements at University College London Hospital and Bart's Health NHS Trust, reported in January 2014.

### **Summary of areas that require improvement**

A follow up visit to the university on the 19 October 2015 reviewed evidence and confirmed that systems and processes are now in place to address all the issues identified below.

The university does not have an effective process to ensure that pre-registration nursing and midwifery students confirm good health and good character at the end of each year of the programme, before progressing into the subsequent year of the programme. The university must implement a robust annual self declaration process as a matter of urgency. Furthermore the university must ensure that no second and third year students go into practice placements unless they have self declared their good health and good character for the previous year.

The current external examiner for the district nursing programme does not have 'due regard' for district nursing nor can we be assured about the expertise for the quality assurance of the V100 community nurse prescribing element of the programme. The university must ensure that all future external examiners for the district nursing programme, with integrated nurse prescribing, have 'due regard' and the required qualifications and experience.

There is evidence to show that all students are being adequately supervised by an appropriately qualified mentor/practice teacher. However, we found some mentor registers have significant gaps for mentor updates and some completed triennial reviews have not been recorded. The university and its practice partners must monitor mentor registers rigorously to ensure information is accurate and up to date.

### **Summary of areas for future monitoring**

- Review the sufficiency of resources in theory and practice to meet increased student numbers for the pre-registration nursing (mental health) programme and the SPQ district nursing programme.
- Monitor the efficiency of the process for the annual declaration of good health and good character, for all pre-registration nursing and midwifery students.
- Review processes to ensure that records of mentors/practice teachers are accurate and up to date.
- Monitor service user and carer involvement in the planning and delivery of the district nursing programme.
- Review the university process to ensure the appointment of external examiners ensures they have the required qualifications and experience to act with 'due regard'.



### Summary of notable practice

#### Resources

None identified

#### Admissions and Progression

None identified

#### Practice Learning

None identified

#### Fitness for Practice

None identified

#### Quality Assurance

None identified

### Summary of feedback from groups involved in the review

#### Academic team

The academic team for the pre-registration nursing (mental health) programme are enthusiastic and well organised. The inclusion of practice experience managers (PEM) within the university teaching team helps to foster closer partnership working with practice colleagues, and facilitates effective student support.

The district nursing programme is predominantly delivered and monitored by one academic district nursing tutor who is the key link with practice colleagues. The lecturer responsible for the community nurse prescribing element of the programme has a MSc in pharmacology and is an NMC recorded nurse teacher.

Our observations suggest that the mental health and district nursing programmes are mutually exclusive and that there is little evidence of cross school processes. The district nursing lead told us that they had only moved to their current location five months ago and that they had previously been 'very isolated' from other areas. It was for this reason that some processes, found elsewhere within the school had not been embedded within the district nursing programme.

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

All mentors, practice teachers, PEMs and managers expressed confidence in both programmes. Mentors and practice teachers told us they are well prepared for their role and are able to attend updates to fulfil requirements of triennial review. We are impressed by their dedicated attitude to students, motivated only by a desire to perpetuate good practice and continuity of staffing. It is evident that PEMs actively support students on placement in their trust.

The commissioning manager made special mention of the joint institute of mental health nursing, a partnership between East London NHS Foundation Trust and the university

mental health team, which is improving the recruitment and retention of high quality mental health nursing students.

Employers and commissioners report that students are fit for practice and purpose on successful completion of the programmes.

### **Students**

Nursing (mental health)

Students told us they receive good support from the university and its practice partners, throughout the programme. They are confident in their progress and professional development at various stages of the programme. They enjoy practice learning, feel valued and respected and work closely with mentors for a significant period of practice learning time.

District nursing

We found that the students are enthusiastic about the district nursing programme and confirm it provides them with a good university preparation in combination with appropriate practice learning opportunities. Past students confirmed that the programme provided a sound preparation for their role as confident and competent district nurses.

### **Service users and carers**

Nursing (mental health)

Effective processes have been adopted and embedded to include service user input into the pre-registration nursing (mental health) programme. This collaborative approach is welcomed by both healthcare professionals and service users. The award of an honorary lectureship position to a service user highlights the value which the university attributes to meaningful user engagement in the programme. Service users and carers provided complementary feedback of the care which they had received from student nurses in a range of care settings.

District nursing

There is a lack of service user involvement in the district nursing programme. Although there is a district nursing user representative on the programme advisory board there is no evidence of service user involvement in the selection and recruitment process. However, students are aware of the practice requirement of gaining a minimum of three feedback sheets from service users/carers to whom they have provided care.

## **Relevant issues from external quality assurance reports**

Care Quality Commission (CQC) reports were considered for practice placements used by the university to support students' learning.

The following reports require action(s):

CQC Inspection Report of Whipps Cross University Hospital (WCUH), Bart's Health NHS Trust, January 2014 (1)

The CQC inspected WCUH to follow up adverse inspections earlier in 2013. This



inspection took place on 5-7 and 15 November 2013 and included the following clinical areas: Accident and Emergency (A&E), medical care (including care of older people), surgery, intensive/critical care, maternity and family planning, children's care, end of life care and outpatients. A number of issues were identified as 'must be improved' and are subject to compliance action. These issues relate to low staffing levels, poor staff morale with a culture of bullying and staff fearful of raising concerns about safety issues, unsuitable hospital environments which compromise patient's privacy and dignity, poor maintenance of some hospital equipment, delays in patient discharges and an ineffective patient complaints process, poor management of the hospital's risk register and overall ineffective governance arrangements.

At the initial visit for the monitoring event it was reported that the CQC had made a further inspection of WCUH in November 2014 and the report was imminent (7).

At the monitoring event we were told that the most recent CQC inspection report for WCUH is still not published and no informal feedback has been received by senior nursing staff. However, there are weekly summit meetings at which the NMC is represented (79).

We were told that WCUH has few City University students at present but there were some first years in placement during 2014. The same rigour in student allocation and support is applied as in the rest of the trust and is reported at the end of all Barts Health CQC reports (see below).

CQC Inspection St Bartholomew's Hospital (SBH), Bart's Health NHS Trust, report, January 2014 (2)

The CQC inspected SBH as part of their hospital inspection programme across Barts Health. The inspection took place on 8 November 2013. The review inspected four clinical areas: A&E, medical care, surgery and intensive/critical care. Issues identified for improvement centred on ensuring sufficient staff with an appropriate skills mix for safe and timely delivery of care and treatment, and ensuring patients receive nutritious food in sufficient quantities to meet their needs.

At the monitoring event we were told that the latter related to menu choices that meet the needs of the diverse cultures served by the hospital. This is being addressed (79).

CQC Inspection report of the Royal London Hospital (RLH), Bart's Health NHS Trust January 2014 (3)

The CQC inspected RLH as a follow up to adverse inspections earlier in 2013. The inspection took place on 5-7 and 15 November 2013 and included the following clinical areas: A&E, medical care (including care of older people), surgery, intensive/critical care, maternity and family planning, children's care, end of life care, and outpatients. Issues identified for improvement include sufficient staff with appropriate skills to deliver safe and effective care and treatment, listening to staff and adopting zero tolerance to bullying by middle managers and ensuring action is taken on identified risks recorded on the risk register.

CQC Inspection report of the Newham General Hospital (NGH), Bart's Health NHS Trust, January 2014 (4)

The CQC inspected NGH as a follow up to adverse inspections earlier in 2013. The

inspection took place on 5-6, 11 and 14 November 2013 and included the following clinical areas: A&E, medical care (including care of older people), surgery, intensive/critical care, maternity and family planning, children's care, end of life care and outpatients. The following were identified as 'must be improved' and are subject to compliance action: ensuring that medicines and fluids for infusion are stored securely, members of staff follow national guidance for the management of children undergoing surgery and that they do this sufficiently to maintain their expertise and improvement of the visibility of management.

CQC Inspection report of the London Chest Hospital (LCH), Bart's Health NHS Trust, January 2014 (5)

The CQC made an announced visit to LCH on 7 November 2013 and an unannounced visit on 14 November 2013. The following clinical areas were inspected: medical care (including care of older people), intensive/critical care and outpatients. The following was identified as 'must be improved' and is subject to compliance action: staff's ability to respond in a timely manner to patients' needs at night and to ensure their safety and welfare.

At the monitoring event we were told that Bart's Health NHS trust, along with similar trusts across London has problems recruiting sufficient nurses and midwives to meet patient capacity. However, there is an effort to recruit internationally. We were told that students are only allocated to practice areas where there are sufficient appropriately qualified mentors to supervise them effectively. The trust senior nurses for education meet monthly with all their AEI partners. Areas are mapped as to their suitability for student allocation and those with insufficient staff are not used for student placements until such time as staffing levels increase. Mapping is done six months in advance of student placements so that any challenges to mentor capacity can be identified and managed. There is a student support forum on all Barts Health sites, plus monthly student/mentor drop in support sessions. There is an effective cause for concern policy (79, 119, 120). See section 3.1.1.

CQC Inspection Report University College London Hospital (UCLH), January 2014 (6)

The CQC inspected UCLH as part of a programme of varied hospital visits to include high and low risk providers. On past results UCLH was considered a low risk provider. The inspection took place on 12 -14 and 20-21 November 2013 and included the following clinical areas: A&E, medical care (including care of older people), surgery, intensive/critical care, maternity and family planning, children's care, end of life care, and outpatients. Issues identified as 'must be improved' include: current A&E and children's A&E provision, quality and completeness of people's care assessments, care plans and care delivery records and secure storage of these, cleanliness of intensive/critical care, patient flow in surgical units by reviewing bed capacity in the operating theatre recovery area, full completion in all cases of the World Health Organisation (WHO) surgical checklist to help prevent "never events" and paperwork for patients who have been assessed as not requiring resuscitation is always fully completed.

At the monitoring event we were told that first and second year postgraduate pre-registration nursing (adult) students are placed at UCLH. There is good partnership working with the trust and a senior representative attends the practice advisory board

(PAB) where CQC issues are discussed (80). See section 3.1.1

Other CQC reports relevant to placements used by the university, for approved nursing and district nursing programmes, were reviewed but did not require discussion as part of this review.

### **Evidence / Reference Source**

1. CQC Inspection Report, Bart's Health NHS Trust, Whipps Cross University Hospital, January 2014
2. CQC Inspection Report, Bart's Health NHS Trust, St Bartholomew's Hospital, January 2014
3. CQC Inspection report, Bart's Health NHS Trust, the Royal London Hospital, January 2014
4. CQC Inspection report, Bart's Health NHS Trust, Newham General Hospital (NGH), January 2014
5. CQC Inspection report, Bart's Health NHS Trust, the London Chest Hospital, January 2014
6. CQC Inspection Report, University College Hospitals NHS Foundation Trust, University College London Hospital, January 2014
7. Meeting with senior academic team, school of health sciences, City University, 12 February 2015.
79. Meeting with associate director of nursing, Bart's Health and senior nurse pre- and post-registration education, Bart's health, NHS Whipps Cross, 5 March 2015
80. Meeting with associate dean, 5 March 2015
119. Clinical Nurse Specialist Seminar/Student Nurse Forum, 22 October 2014
120. Bart's Health Student Nurse and Mentor drop-in supports sessions, January to December 2015

### **Follow up on recommendations from approval events within the last year**

The pre-registration midwifery programmes (18 and 36 months) were approved in April 2014. Recommendations include:

- Make explicit in student facing documentation how the compassion in practice philosophy features in the curriculum.
- Support for students in the first few months to ensure confidence in raising and escalating concerns and how the school monitors effectiveness.
- Work in partnership with practice placement partners to monitor accuracy and currency of mentor registers and completion of audits (8).

At the monitoring event we were told that statements had been added to programme and module specifications explicitly informing students how the compassion in practice philosophy features in the curriculum. The raising and escalating concerns process is discussed with students before each placement. During placement time students return to the university for reflection sessions and any concerns raised are fed back to placement providers. Additionally, students have the opportunity to raise general concerns at the staff/student liaison meetings and these are fed back to the midwifery advisory board (MAB) which is attended by trust partners. Mentor registers and placement audits are a standing item at the MAB and the programme team have

proposed: an extra column be added to mentor registers to identify out of date mentors who will not assess students until they are up to date; and, dates of audits are identified by link lecturers and clinical practice facilitators (CPF) and noted in MAB minutes (78 and 89).

The Danish health visitor adaptation programme was approved in July 2014, with one recommendation:

To review support for students in the university and in practice on an on-going basis (9).

At the event we were told that although there were initially delays for applicants obtaining NMC part one registration, seven Danish nurses commenced the programme and six have now successfully completed and either have or are awaiting registration on the third part of the NMC register as a health visitor. Students had individual support from the programme lead and there was a dedicated senior practice teacher, in the participating trusts, to ensure extra support. Since programme completion the programme director has been giving ongoing support to those that require it. The university has no plans to repeat the programme in the near future (75).

### Evidence / Reference Source

- 8. NMC approval report, pre-registration midwifery, 36 month and 18 month programmes, April 2014
- 9. NMC approval report, Danish specialist community public health nursing (health visiting) adaptation, July 2014
- 75. Meeting with interim programme director for BSc/PGdip/MSc public health programme (health visiting, school nursing and district nursing), 4-5 March 2015
- 78. Meeting with LME, 5 March 2015
- 89. Joint University Periodic Review/NMC Re-Approval, BSc(Hons) midwifery, PG diploma midwifery, May 2014

### Specific issues to follow up from self-report

All actions highlighted in the 2014/15 self-report are complete (10).

Specific issues followed up include:

CQC action plans

CQC visits to Bart's Health NHS Trust and University College Hospital NHS Foundation Trust were undertaken last year (see above). The school has no action plans in place and there have been no changes to education provision or student placements. Student experience and learning is managed through student evaluation of practice, reflective sessions and working closely with practice partners.

We found that the school continues to work in partnership with these trusts to ensure the quality of the student experience (see 3.1.1).

Resourcing

Appropriately qualified nursing and midwifery lecturers are in post to deliver all programmes regulated by the NMC. Any vacancies are recruited to in a timely manner

and a development programme is in place to ensure that staff progress.

We did not find any current issues with staff resources (see section 1.1). However, increased commissions for pre-registration nursing (mental health) from September 2015 and plans for the increase in district nursing numbers may pose difficulties in the future and should be monitored.

Service user and carer involvement

Service user and carer involvement is progressing. The school has introduced a community involvement (user and carer engagement) forum which operates to promote and support the involvement of patients, service users, carers and local communities in all educational and research activities across the school of health sciences.

At the monitoring event we found that service user and carer input is well developed in the pre-registration nursing (mental health) programme but is limited in the district nursing programme (see section 3.2.1).

### Evidence / Reference Source

10. NMC annual self-assessment programme monitoring, 2014-15

## 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

Programme leaders have active NMC registration, recorded teacher status and act with due regard. The majority of other nursing and midwifery lecturers have an NMC recorded teaching qualification and all have active registration. The school monitors registration regularly. The conditions of employment for nursing and midwifery teachers specify that new lecturers not holding recorded teacher status should enrol on a teaching programme (7, 11-13).

<p>What we found at the event</p>
<p>Nursing (mental health)</p> <p>A review of staff CVs demonstrates that lecturers delivering the pre-registration nursing (mental health) programme have the required qualifications and experience for their role. The interim programme leader acts with 'due regard' and has current registration and a teacher qualification with the NMC. All lecturers hold current NMC registration, act with due regard and the majority have a recorded NMC teaching qualification (12, 81).</p> <p>District nursing</p> <p>The school employs a full time district nursing lecturer who is the key link with practice placement providers. She holds the SPQ qualification for district nursing, the V100 community nurse prescribing qualification and is recorded as a teacher on the NMC register. A part time lecturer (0.2 WTE) who is responsible for the community nurse prescribing V100 element of the programme, is a registered nurse, NMC recorded teacher and holds an MSc in pharmacology, thereby meeting NMC requirements for teaching nurse prescribing (12 , 109).</p> <p>We were told that increased commissions for pre-registration nursing (mental health) are planned for September 2015. Additionally, trusts are seeking to increase district nursing numbers. These increases in student numbers may impact on resources in the future (72).</p> <p>We conclude from our findings that the university has adequate appropriately qualified academic staff to deliver pre-registration nursing (mental health) and district nursing programmes to meet NMC standards.</p>
<p>Evidence / Reference Source</p>
<p><i>7. Meeting with senior academic team, school of health sciences, City University, 12 February 2015.</i></p> <p><i>11. School of health sciences staff list, 2014/15</i></p> <p><i>12. NMC register checked, 10 February 2015; 23 February 2015, and 4 March 2015</i></p> <p><i>13. Academic induction programme, undated</i></p> <p><i>72. Meeting with commissioning manager, 4 March 2015</i></p> <p><i>81. Staff CVs, undated</i></p> <p><i>109. CV for nurse prescribing lead, undated</i></p>
<p>Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students</p>
<p>What we found before the event</p>



The school has a written agreement with service partners to ensure sufficient appropriately qualified mentors/sign off mentors are available to support the number of students commissioned. There is guidance to advise students about practice learning in terms of having a nominated mentor and where possible an associate mentor, spending 40% of their time with their mentor and having supernumerary status (14, 15).

#### Nursing (mental health)

At the initial visit it was explained that there is just one local mental health trust, East London NHS Foundation Trust (ELFT). All students have placements within this trust. Placements are not used by students from any other AEs (7).

#### District nursing

District nursing students are placed in four local trusts. At present the University of Greenwich also has students in Homerton University Hospital NHS Foundation Trust (7).

### What we found at the event

#### Nursing (mental health)

We were told that student allocations are planned jointly by the programme director, PEM and placement administrator. Practice placements are alerted well in advance of student allocation. Educational audits are checked to identify mentor capacity and practice experience available. Student allocations are posted on the university virtual learning platform (Moodle) at least four weeks before the commencement of the placement (74).

We were told that there are sufficient mentors and sign-off mentors to support and meet the learning needs of students during practice placements. All mentors act with due regard. Students, mentors and practice managers confirm that students spend at least 40% of practice learning time working directly with the allocated mentor. An effective associate mentor system operates to support students when mentors are unavailable, sick or have periods of annual leave. Students complete spoke placements, which are organised by the mentor from the hub placement area. Learning outcomes for spoke placements are agreed by the students in collaboration with their mentor. Progress feedback is obtained by the mentor when the spoke placement is concluded (62-68, 70, 91-92).

#### District nursing

We were told that district nursing allocations are organised by sponsoring trusts in collaboration with the programme lead. Of the 11 students on the current programme, 10 have placements within their sponsoring/employing trust. All students are assigned to qualified or student practice teachers for the duration of their programme. Student practice teachers are adequately supervised in their mentoring role. We are assured that mechanisms are in place to provide a good learning experience for all students and additional support is available where a designated practice teacher is unavailable due to sickness or unavoidable absence (52-57, 59-61, 75).

We conclude from our findings that there are sufficient appropriately qualified mentors/sign-off mentors and practice teachers available to support the number of students in both programmes. All mentors/sign off mentors and practice teachers act with due regard.

#### Evidence / Reference Source

- 7. Meeting with senior academic team, school of health sciences, City University, 12 February 2015
- 14. Sample agreement between the Higher Education Institutions (the Institutions) and the Practice Learning Provider (the Placement Provider), September 2009
- 15. City University, London, school of health sciences, supporting and facilitating learning in practice, August 2010
- 52. Meeting with school staff, City University and presentation of mental health and district nursing programmes, 4 March 2015
- 53. Meeting with district nursing practice teachers, Enfield, 4 March 2015
- 54. Meeting with managers, Enfield, 4 March 2015
- 55. Meeting with clinical learning and placement co-ordinator and specialist practice assessor (DN), scrutiny of mentor register and audit database, 4 March 2015
- 56. Meeting with district nurses, previous student cohort, 4 March 2015
- 57. Meeting with current district nursing students, City University, 4 March 2015
- 59. Meeting with managers and practice teachers, North West London, NHS Foundation Trust, 5 March 2015
- 60. Meeting with head of L&D (Camden), scrutiny of mentor list and audit database, 5 March 2015
- 61. Meeting with district nursing programme lead, 5 March 2015
- 62. Meeting with managers and staff, Mile End Hospital, East London NHS Foundation Trust, 4 March 2015
- 63. Meeting with practice experience managers, mental health, Mile End Hospital, 4 March 2015
- 64. Meeting with mentors, Mile End Hospital, 4 March 2015
- 65. Visit to Rosebank Ward, 4 March 2015
- 66. Meeting with mental health students, Mile End Hospital, 4 March 2015
- 67. Meeting with managers and mentors, Cygnet Hospital, Beckton, 4 March 2015
- 68. Meeting with mentors, Clozapine Clinic, Tower Hamlets, 5 March 2015
- 70. Meeting with mental health students, Clozapine Clinic, 5 March 2015
- 74. Meeting with head of practice learning and professional lead, mental health, 04 March 2015
- 75. Meeting with interim programme director for BSc/PGDip MSC public health programme (health visiting, school nursing and district nursing) 4-5 March 2015
- 91 Mental Health recruitment and selection practice guidance, undated
- 92. Meeting with BSc and postgraduate mental health students, 5 March 2015

**Outcome: Standard met**

Comments:

Increased commissions for pre-registration nursing (mental health) and a projected increase of district nursing student numbers may impact on resources in theory and practice.

Areas for future monitoring:

Review the sufficiency of resources in theory and practice to meet increased student numbers for the pre-registration nursing (mental health) programme and the SPQ district nursing programme.

### 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

#### Nursing (mental health)

Face to face interviews use a variety of formats (interview, group discussion and provision of information). There is service user/carer involvement in the recruitment process and this is currently being developed further. Service users/carers are also contributing to the development of a values-based recruitment process. This involves scenario construction and identification of the qualities, skills and knowledge that applicants should possess. The school uses a variety of methods to test for caring, compassion and competence. These include literacy and numeracy tests, interview and completion of a behavioural styles assessment. Placement partners are involved in all interviews. There is a clear policy for supporting students with additional needs in academic and practice settings. All successful applicants have occupational health and DBS screening (16-18).

The university has a policy on the recruitment of ex-offenders which clearly states that health programmes are exempt from accepting applicants under the rehabilitation of offenders' legislation (19).

There is an under 18 years of age admissions' policy. No students on pre-registration programmes are able to enter practice placements until they are 18 years of age (18).

#### District nursing

District nursing students have previously been recruited using the adapted specialist community public health nursing (SCPHN) centralised recruitment process whereby

applicants apply jointly for a university place and fully funded sponsorship from a participating London trust. Literacy and numeracy testing and joint face to face interviews are part of the selection process (20).

#### What we found at the event

##### Nursing (mental health)

We were told that applicants apply through UCAS. Applications are scrutinised for academic qualifications and also personal statements that demonstrate a commitment to nursing. Successful applicants are invited for interview.

Practice partners and users/carers told us they are involved in student interviews and practice managers release staff to participate in student recruitment. All interviewers, including service users/carers, have appropriate interview preparation including equality and diversity training. A values based assessment approach is used to determine the suitability of applicants for mental health nursing. This assessment tool was commissioned by NHS London and provides a profile of an effective mental health nurse agreed by a panel of mental health nurse experts. During student interviews users/carers are encouraged to question applicants and to make important assessments regarding their suitability. Interview questions and the related scoring format consider appropriate professional values and behaviours. Successful applicants have DBS and occupational health screening on entry to the programme. Students are not permitted entry into practice placements until satisfactory clearance is given (62-64, 67-68, 73, 86, 93-96).

We found, however, that students are unaware of the NMC requirement for annual self-reporting of good health and good character. A number of students told us that they had not completed a self-declaration in advance of the current year of the programme and a period of practice learning was about to begin (92).

The pre-registration nursing programme approval document clearly states that students annually self-declare their good health and good character. However, we were told by senior university staff that this process is currently not in place. The school is exploring with academic registry how these declarations can be included in the annual re-registration process (34, 80, 117).

Although students of 17.5 years of age can enrol on the programme the university's under eighteen years of age policy is strictly followed. For example, these students are not allowed to stay in halls of residence and outside university hours they remain the responsibility of their parents. As the first practice placement does not occur until seven months into the first year of the programme no students under 18 years of age will go into practice (74).

##### District nursing

We were told that the central London wide recruitment process was discontinued in January 2014. For the September 2014 intake individual trusts advertised district nursing sponsorships on the NHS jobs website and shortlisted applicants were jointly recruited by the Trusts and university (75).

We heard that joint interviews are held between the employing trust and the university. Senior managers and/or practice teachers interview alongside the district nurse lecturer. They told us they are well prepared for interviewing and have up to date equality and diversity training. However, no service users are involved in the interview process.

Applicants complete a literacy and numeracy test. The sponsoring trusts carry out DBS and occupational health screening of successful applicants, many of whom will be working as community staff nurses in the trusts concerned (53-54, 56-57, 59-61,75).

We conclude that the admissions and progression process does not meet NMC standards. The university does not have an effective process to ensure that pre-registration nursing and midwifery students confirm good health and good character at the end of each year of the programme, before progressing into the subsequent year of the programme. The university must implement a robust annual self declaration process as a matter of urgency. Furthermore the university must ensure that no second and third year students go into practice placements unless they have self-declared their good health and good character for the previous year.

#### Evidence / Reference Source

16. *User and carer involvement strategy committee minutes, 24th July 2014*
17. *Selection process: mental health nursing, undated*
18. *University admissions' policy, undated*
19. *Policy document on the recruitment of ex-offenders, undated*
20. *Recruitment pack, student district nurse, undated*
34. *NMC programme approval report, nursing (mental health), 12 April 2012.*
53. *Meeting with district nursing practice teachers, Enfield, 4 March 2015*
54. *Meeting with managers, Enfield, 4 March 2015*
56. *Meeting with district nurses, previous student cohort, 4 March 2015*
57. *Meeting with current district nursing students, City University, 4 March 2015*
59. *Meeting with managers and practice teachers, North West London, NHS Foundation Trust, 5 March 2015*
60. *Meeting with head of L&D (Camden), scrutiny of mentor list and audit database, 5 March 2015*
61. *Meeting with district nursing programme lead, 5 March 2015*
62. *Meeting with managers and staff, Mile End Hospital, East London NHS Foundation Trust, 4 March 2015*
63. *Meeting with practice experience managers, mental health, Mile End Hospital, 4 March 2015*
64. *Meeting with mentors, Mile End Hospital, 4 March 2015*
67. *Meeting with managers and mentors, Cygnet Hospital, Beckton, 4 March 2015*
68. *Meeting with mentors, Clozapine Clinic 5 March 2015*
73. *Meeting with admissions' tutor, 4 March 2015*
74. *Meeting with head of practice learning and professional lead, mental health, 4 March 2015*
75. *Meeting with interim programme director for BSc/PGdip MSC public health programme (health visiting, school*

- nursing and district nursing) 4-5 March 2015
80. Meeting with associate dean, 5 March 2015
86. City University, equality, diversity and inclusion policy, undated
91. Mental health recruitment and selection practice guidance, undated
92. Meeting with BSc and post-graduate students 5 March 2015
93. Mental Health nursing recruitment and selection: practice guide June 2013
94. BSc mental health nursing student interview documentation
95. City University pre-course health screening questionnaire
96. City University student OH clearance: Fitness to study/Fitness for clinical placement
117. Notes of registration meetings with schools – February 2015

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

What we found before the event

The school has a comprehensive FtP policy and process. This applies to all disciplines in the school, regulated by a professional or statutory body. The FtP policy fully complies with NMC requirements (21).

For the 2013/14 period the school had five FtP referrals for consideration. Four students were found not fit to practise and a recommendation was made to the assessment board to withdraw these students from their respective programmes, this was ratified by the board in all cases. One student was found fit to practise and was therefore able to continue on the programme (10).

Nursing (mental health)

Although student numbers have increased in 2012/2013 completion rates for the undergraduate programme have remained stable with the postgraduate programme slightly lower than the undergraduate programme (22).

District nursing

Only seven students were registered annually in the last two years but all completed the programme (23).

What we found at the event

We viewed details of the five FtP referrals for 2013/14, which include one pre-registration nursing (adult) students, two overseas nursing programme students, one pre-registration nursing (child) student and one midwifery (three year) programme student.

Four of the referrals related to lack of professional and/or unprofessional behaviour and



all students had their programmes terminated. The fifth student was referred for a recent incident disclosed on the DBS form. The student was considered fit to practise due to the time elapsed since the incident and the fact that the student made a full disclosure. There were no FtP cases relating to SPQ district nursing, with integrated community nurse prescribing V100 programme (85).

Nursing (mental health)

Analysis of student attrition confirmed that a high percentage of students successfully progress through the programme. A small number of students fail to progress and complete the programme: this is largely due to academic failure, financial reasons and/or health related difficulties (97).

District nursing

We were told that there has been no attrition from the SPQ district nursing with integrated community nurse prescribing V100 programme.

Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both 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.

Evidence / Reference Source

- 10. NMC annual self-assessment programme monitoring, 2014-15
- 21. School of health sciences board of studies cause for concern and FtP policy 14-15, August 2015
- 22. Progression rates mental health, 2013/14
- 23. Progression rates district nursing, 2013/14
- 85. Fitness to practise report, 2013-2014
- 97. City University progression and attrition statistics viewed 5 March 2015

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

There is clear process for placement providers to raise a concern about a student's progress or behaviour. A cause for concern form is completed jointly by the member of the placement staff, with knowledge of the concern, and the programme manager/director. An initial meeting, involving all parties, sets an action plan which is reviewed at agreed stages (24).

What we found at the event

We were told that mentors raise any concerns about a student's progress or behaviour with the link lecturer. The PEM and programme manager and/or practice lead will meet with the student. Where the issue relates to academic progress the student is encouraged to meet with the personal tutor. For more serious matters the PEM will submit a report to the matron and there will be a joint decision with the university, as to whether to remove the student from practice and/or refer to FtP (74).

#### Nursing (mental health)

Practice partners told us they are satisfied with the existing arrangements used to highlight and address poor student performance. Student performance data is recorded in the practice assessment document (PAD) and ongoing achievement record (OAR). The PEM meets with mentors frequently to discuss student placement issues, including the management of poor performance. A number of mentors provided clear and accurate descriptions of the responses and actions which would be taken if poor student performance occurred (62 - 68).

Mentors feel supported by the PEMs team who offer valuable support to them when student performance issues arise. PEMs meet with all students during each week of the placement to discuss placement issues, practice learning needs, personal issues and mentor/sign-off mentor feedback regarding student performance and progress (62 - 68).

#### District nursing

Practice teachers and managers are clear about the university process for addressing poor performance in practice. They would discuss their concerns with the student and seek support and advice from the university district nurse link lecturer. If required a tripartite meeting between the link lecturer, student and practice teacher will be arranged to discuss and implement an action plan. Students are also aware of the process and know how and where to access support and help (42, 53-54, 56-57, 59-61).

#### Evidence / Reference Source

24. Cause for concern form, undated

42. Programme handbook, BSc/Postgraduate diploma/MSc public health (health visiting, school nursing and district nursing) 2014-15

53. Meeting with district nursing practice teachers, Enfield, 4 March 2015

54. Meeting with managers, Enfield, 4 March 2015

56. Meeting with district nurses, previous student cohort, 4 March 2015

57. Meeting with current district nursing students, City University, 4 March 2015

59. Meeting with managers and practice teachers, North West London, NHS Foundation Trust, 5 March 2015

60. Meeting with head of L&D (Camden), scrutiny of mentor list and audit database, 5 March 2015

61. Meeting with district nursing programme lead, 5 March 2015

- 62. Meeting with managers and staff, Mile End Hospital, East London NHS Foundation Trust, 4 March 2015
- 63. Meeting with practice experience managers, mental health, Mile End hospital, 4 March 2015
- 64. Meeting with mentors, Mile End hospital, 4 March 2015
- 65. Visit to Rosebank Ward 4 March 2015
- 67. Meeting with managers and mentors, Cygnet Hospital, Beckton, 4 March 2015
- 68. Meeting with mentors, Clozapine Clinic 05 March 2015
- 74. Meeting with head of practice learning and professional lead, mental health, 4 March 2015

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

There is a clear university accreditation of prior (experiential) learning (AP(E)L) policy (25).

#### What we found at the event

##### Nursing (mental health)

We were told that the post graduate diploma in nursing is open to graduates who can demonstrate they can study independently at academic level six. To assess this applicants are required to provide evidence of prior learning against part one of the three year nursing programme. Additionally, applicants must complete two written assignments, one relating to communication and the other about factors that impact on health and illness. These are marked on a pass/fail basis and applicants are provided with detailed guidance on submission (82).

We learned that alongside APL applicants can reduce the length of the programme by an additional 500 hours through AP(E)L. Those candidates who are not eligible for AP(E)L are required to complete the two year PG diploma pre-registration nursing (mental health), plus an additional 500 hours practice. To claim these hours applicants have to produce a portfolio of evidence relating their experience to physical care, spirituality, psychological and social aspects relevant to care provision (82).

We scrutinised four APL claims and one AP(E)L claim. The latter applicant was only granted 355 hours exemption as there was insufficient evidence of some of the experience documented (83).

##### District nursing

We learned that no district nursing students had applied for AP(E)L but some had gained exemption from V100 community nurse prescribing by virtue of having completed V150 community nurse prescribing. Students told us that the exemption process works well providing that the V150 prescribing qualification is completed six months prior to the programme commencement. However, students who have recently

completed V150 and cannot show evidence of current prescribing activity have been required to attend V100 lectures and repeat the examination. Students consider this is a duplication of effort. We discussed this with the interim programme director and the exemption process for V100 will be reviewed by the course team (42, 56-57, 61, 75).

#### Evidence / Reference Source

25. AP(E)L guidelines, undated

42. Programme handbook, BSc/Postgraduate diploma/MSc public health (health visiting, school nursing and district nursing) 2014-15 page 30.

56. Meeting with district nurses, previous student cohort, 4 March 2015

57. Meeting with current district nursing students, City University, 4 March 2015

61. Meeting with district nursing programme lead, 5 March 2015

75. Meeting with interim programme director for BSc/PGDip MSC public health programme (health visiting, school nursing and district nursing) 4-5 March 2015

82. Assessment guidelines, PGdip nursing (adult/child/mental health), AP(E)L guidelines for claiming AP(E)L practice hours and APL, undated

83. Examples of APL claims x 4 and AP(E)L claim x1, 2013-2014

**Outcome: Standard not met**

#### Comments:

The university does not have an effective process to ensure that pre-registration nursing and midwifery students confirm good health and good character at the end of each year of the programme, before progressing into the subsequent year of the programme. The university must implement a robust annual self declaration process as a matter of urgency. Furthermore the university must ensure that no second and third year students go into practice placements unless they have self declared their good health and good character for the previous year.

Following the monitoring review swift action was taken by the university and all affected pre-registration nursing and midwifery students were contacted to complete an online declaration of good health and good character. Students were informed that failure to comply by the specified deadline would result in removal from practice placement. The university achieved 100% compliance within seven days following the monitoring event.

Subsequently, the university developed an action plan to ensure effective and robust systems were in place to mitigate any future risk.

**19 October 2015: Follow up visit to City University. Standard now met**

At the follow up visit, to review progress with the action plan, we found that: the school has implemented an on-line tool via the student records system / e-vision requiring all relevant students to complete an on-line self declaration statement at appropriate points during the year. Inspection of self declaration registers demonstrate that the majority of nursing, midwifery and public health nursing students confirmed good health and good character at the end of the programme year. The small number not complying was accounted for in terms of ill health or an authorised break in their programme.

Assessment board minutes demonstrate that only students completing self declaration statements are progressed or awarded. The university has implemented a new placement management system that draws self declaration data from the student records system. We viewed this system which confirms that students not completing self declaration statements will not be permitted to access their placement information or progress to their subsequent placement.

Evidence to support the standard is met includes:

- Return visit to the university on 19 October 2015
- Self declaration report for nursing 2014/15 cohort
- Self declaration report for midwifery 2014/15 cohort
- Self declaration report for public health nursing (health visiting, school nursing and district nursing) 2014/15 cohort
- Minutes of midwifery assessment board re self declaration, 02 July 2015
- Minutes of public health nursing assessment board re self declaration, 16 September 2015
- Demonstration of placement management system, 13 October 2015

Areas for future monitoring:

Monitor the efficiency of the process for the annual declaration of good health and good character, for all pre-registration nursing and midwifery students.

### 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

The university has commissioning arrangements with Health Education North Central and East London (HENCEL), which commissions pre-registration nursing and midwifery programmes. For the programmes commencing September 2014, there were 20 mental health students commissioned for the three year programme and 40 for the post

graduate two year programme (26).

To monitor progress of achievement of key performance indicators (KPI) annual assurance meetings take place between the commissioners, the university and its practice partners (27).

At an operational level there is a PAB that meets five times per year and includes representation from the school and its practice partners. Additionally, there are community of practice (CoP) groups. These are groups of local placement providers and educationalists working towards developing, implementing and monitoring practice education within a geographical locality or field of practice. Each CoP will report to the PAB and members are responsible to the professional governance structures within their organisation (28-29).

Practice placements are audited biennially using the pan London educational audit tool. Educational audits are carried out jointly between a university lecturer and a practice staff member (30).

There is a comprehensive student raising and escalating concerns policy with a clear flow chart of whom to contact at each stage of the process (31).

#### What we found at the event

The commissioner told us that HENCEL has effective partnership working with the university. Partnership meetings take place quarterly and include not only senior university staff but also service partners. We were also told that East London Foundation Trust (ELFT) has given positive feedback about their collaboration with the university in the provision of the pre-registration nursing (mental health) programmes. The commissioner praised the university for promotion of inter-professional learning through an online simulation exercise which gives opportunities for mental health and school nursing students to work alongside social work students. Trusts are also keen to participate in the exercise, further extending multidisciplinary working (72).

City university has collaborated with another eight universities serving the London area to develop a shared practice assessment document. This has been funded by HENCEL which had active participation in the development process (43-45).

We were told that all practice learning is managed through the PAB. Membership includes university practice leads and programme managers, practice facilitators/managers from both NHS and independent sector, the placement manager and quality and planning team leader. The agenda includes issues relating to the quality of learning environments and mentor registers, contract performance management, audits and updates from placement providers of any relevant issues (including CQC inspections) relating to their individual trusts (74, 88).

We were told that the joint institute of mental health nursing was created seven years ago. This is a partnership between the mental health team at the university and the ELFT. The aim of the institute is to improve recruitment and retention of high quality students; and, increase knowledge transfer and research utilisation within the university and the trust. Membership includes not only nurses but also psychiatrists, psychologists, a people participation lead and occupational therapist. There are formal



institute meetings every three months and regular informal contacts at other times (52-77).

The positive partnership relationship is reinforced with the integration of PEMs into the teaching team delivering the theory element of the programme. There are two PEMs who promote partnership working through a number of functions: management of educational audits; management of the mentor database; organisation and delivery of mentor updates; guidance for mentors including placement and mentor standards; and regular dialogue with the teaching team responsible for the programme (62–64, 67).

We were told that annual educational audits are undertaken by PEMs and updated every two to three months. This more frequent auditing and updating of audits is required because mentors are frequently redeployed to other clinical settings within the trust. The audit forms we inspected are up to date and any issues have been added into the 'action required' box (55, 60, 62- 64, 67).

We learned that there is a formal requirement, under the commissioned contract, that trusts must discuss any clinical governance issues (including CQC reports) with their partner universities. Barts Health Trust told us that they have monthly meetings with their partner universities, including City University, but would immediately inform them of any CQC issues (79).

We were told that the cause for concern policy is available to students via Moodle. Additionally, the cause for concern process is part of the trust induction programme. Barts Health Trust report that in the last year twelve students have raised concerns about clinical areas. None of these were City University students. However, action is taken within twenty four hours and following a tripartite discussion between the university and the trust, students have been withdrawn from clinical areas where necessary. Should an adverse incident involving a student occur in any practice learning site, a Datix alert occurs. This provides a description of the specific incident and triggers an email alert to the PEM team and the student's personal tutor. The student is visited by the PEM team as soon as possible after any notification has been received. The PEM's team provides the university with an analysis report of all adverse incidents involving students each year (63, 79).

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

#### Evidence / Reference Source

26. HENCEL, City University - indicative education commissions for 2014-15 for nursing and midwifery, December 13

27. Assurance meeting for 2012/2013 academic year

28. Nursing and midwifery PAB, terms of reference and composition regulation, September 2013

29. Community of practice: terms of reference, July 2012

30. Practice learning collaboration group, enhancement of the practice learning environment (NHS and independent sector), April 2013

31. Students reporting incidents of unsafe or unprofessional practice when on clinical placement, December 2012

43. PAD, mental health nursing (part 1), BSc/PG diploma, 2014

- 44. PAD, mental health nursing (part 2), BSc/PG diploma, 2014
- 45. PAD, mental health nursing (part 3), BSc/PG diploma, 2014
- 52. Meeting with school staff, City University and presentation of mental health and district nursing programmes, 4 March 2015
- 55. Meeting with clinical learning and placement co-ordinator and specialist practice assessor (DN), scrutiny of mentor register and audit database, 4 March 2015
- 60. Meeting with head of L&D (Camden), scrutiny of mentor list and audit database, 5 March 2015
- 62. Meeting with managers and staff, Mile End Hospital, East London NHS Foundation Trust, 4 March 2015
- 63. Meeting with practice experience managers, mental health, Mile End Hospital, 4 March 2015
- 64. Meeting with mentors, Mile End hospital, 4 March 2015
- 67. Meeting with managers and mentors, Cygnet Hospital, Beckton, 4 March 2015
- 72. Meeting with commissioning manager, 4 March 2015
- 74. Meeting with head of practice learning and professional lead, mental health, 4 March 2015
- 77. Meeting with director of nursing, East London NHS Foundation Trust, 4 March 2015
- 79. Meeting with associate director, NMATH, Barts Health and senior nurse pre and post registration education, Barts health, NHS Whipps Cross, 5 March 2015
- 88. Agenda for the meeting of PAB, 18 February 2015

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

What we found before the event

There is a user and carer strategy group, which meets every three months. NHS commissioning contractual requirements have key performance indicators requiring direct involvement/feedback from service/placement providers and service users in all evaluations. Service users and carers are involved in various activities such as recruitment, programme approval and they are representatives on advisory boards (32-33).

Nursing (mental health)

There is evidence that practitioners, service users and carers were involved in the development and approval of the programme (34).

District nursing

Evidence demonstrates that practitioners, but no service users or carers, were involved in the development and approval of the district nursing programme. However, there is a district nurse user representative on the programme advisory board. Furthermore, students are required to obtain three service user feedback sheets during their time in practice, two during supervised practice and one in consolidated practice (35 and 118).

What we found at the event

We were told that the user/carers strategy group is a school wide facility to promote

service user/carer involvement in research and teaching. There is a blog on the website, targeted at staff and providing useful resources to assist in the promotion of service user/carer involvement in all programmes. The group also run regular lunchtime seminars where people share best practice for service user/carer involvement. HENCEL recently awarded the university £50K to set up a school wide patient panel. All programme leads will be able to access this panel for advice and help for the involvement of service users/carers in programme development and delivery (76).

#### Nursing (mental health)

We learned that there is meaningful and significant service user/carer involvement in all aspects of the programme. Service users have been involved in curriculum development and provide testimonial and evaluative feedback to a student which is captured in the PAD. There is evidence of more formal service user/carer participation in simulated learning for students. Students told us that service users/carers are involved in classroom teaching. As part of the institute of mental health initiative the university has also awarded honorary teaching fellow appointments to a number of practitioners and one service user (62, 66, 69, 92, 98-99).

#### District nursing

We found limited evidence of service user/carer involvement in the delivery of the district nursing programme. Students are aware of the practice requirement of gaining a minimum of three feedback sheets from service users/carers who have received their care. There are a variety of ways that service users receive these forms e.g. the student may leave them at the end of a visit, or the practice teacher would request completion at a follow up visit. Clear instructions as to completion of these forms are given in the practice portfolio (56-58, 60-61).

We had the opportunity to meet with a service user who had been involved in the PAB and was able to share his views and ideas with the curriculum team. He had also been involved at the end of the programme with speaking to the students about his experiences of caring for a child with autism, this covered a broad range of areas such as caring, emotional distress and accessing appropriate and local services. One trust gave a good account of how they are developing their service user/carer group to look at long term conditions with community nurses. Although this is early days they had achieved some progress and involved a small group of five people in training, induction and preceptorship of new staff. Furthermore, we spoke by telephone to a current district nursing service user, who had experienced supervised care from a student district nurse. She is positive about the care she receives, reports the student explained her role, was adequately supervised, courteous and caring (42, 46, 56-58, 60-61, 116).

We conclude from our findings that there is involvement of practitioners and service users and carers in the development and delivery of pre-registration nursing (mental health) and district nursing programmes.

#### Evidence / Reference Source

32. *User and carer involvement strategy committee, minutes, 24 July 2014*

33. *Community engagement (user and carer involvement) strategy committee, terms of reference, September*

2014

- 34. NMC programme approval report, nursing (mental health), 12 April 2012.
- 35. Practice based module , district nursing , professional practice portfolio , 2014/2015, December 2014
- 42. Programme handbook, BSc/Postgraduate Diploma/MSc public health (health visiting, school nursing and district nursing) 2014-15
- 46. Practice based module district nursing, professional practice portfolio, 2014/15
- 56. Meeting with district nurses, previous student cohort, 4 March 2015
- 57. Meeting with current district nursing students, City University, 4 March 2015
- 58. Meeting with district nursing user/carer, 4 March 2015
- 60. Meeting with head of L&D (Camden), scrutiny of mentor list and audit database, 5 March 2015
- 61. Meeting with district nursing programme lead, 5 March 2015
- 62. Meeting with managers and staff, Mile End Hospital, East London NHS Foundation Trust, 4 March 2015.
- 66. Meeting with mental health students, Mile End Hospital, 4 March 2015
- 69. Meeting with users and carers, Clozapine Clinic, 5 March 2015
- 76. Meeting with user/carer lead, 4 March 2015
- 92. Meeting with BSc and PGdip students, 5 March 2015
- 98. Review of sample of PAD documents 4-5 March 2015
- 99. Simulated practice: HSMIO/HSI002, undated
- 116. Telephone conversation with district nursing patient, 5 March 2015
- 118. NMC specialist practice programme approval report, 28 January 2011

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

What we found before the event

There is a named link lecturer for each practice placement area with an alternative lecturer where the lead link lecturer is unavailable. Each link lecturer team must provide the opportunity for students to meet with them in practice once a month. Furthermore, link lecturers must visit their allocated practice areas once a term (36).

What we found at the event

Nursing (mental health)

We found that link lecturers provide timely and regular support to students and mentors within practice learning environments. Students and mentors told us that they are effectively supported by link lecturers and PEMs provide additional support. Link lecturers receive an email alert if a student is involved in an adverse incident and an immediate placement visit is made (62-64, 66-68, 70, 92).

District nursing

We found that the district nursing lecturer is the named link lecturer for district nursing

students. Students told us that the link lecturer is readily accessible via email, telephone and visits in practice, as required. Practice placement partners told us that the link lecturer visits placements on a regular basis and conducts the meeting with the practice teacher and student, once per term. These meetings are clearly documented in the students' portfolios. Furthermore, student evaluations show that the link lecturer visited once per term and is helpful and supportive (54- 57, 59-60, 87 ,113).

We conclude that academic link lecturers effectively support students and mentors in practice placements for pre-registration nursing (mental health) and district nursing programmes.

#### Evidence / Reference Source

- 36. *Role profile – link lecturer, May 2013*
- 54. *Meeting with managers, Enfield, 4 March 2015*
- 55. *Meeting with clinical learning and placement co-ordinator & specialist practice assessor (DN), scrutiny of mentor register and audit database, 4 March 2015*
- 56. *Meeting with district nurses, previous student cohort, 4 March 2015*
- 57. *Meeting with current district nursing students, City University, 4 March 2015*
- 59. *Meeting with managers and practice teachers, North West London, NHS Foundation Trust, 5 March 2015*
- 60. *Meeting with head of L&D (Camden), scrutiny of mentor list and audit database, 5 March 2015*
- 62. *Meeting with managers and staff, Mile End Hospital, East London NHS Foundation Trust, 4 March 2015*
- 63. *Meeting with practice experience managers, mental health, Mile End Hospital, 4 March 2015*
- 64. *Meeting with mentors, Mile End Hospital, 4 March 2015*
- 66. *Meeting with mental health students, Mile End Hospital, 4 March 2015*
- 67. *Meeting with managers and mentors, Cygnet Hospital, Beckton, 4 March 2015*
- 68. *Meeting with mentors, Clozapine Clinic 5 March 2015*
- 70. *Meeting with mental health students, Clozapine Clinic 5 March 2015*
- 87. *Public health (district nursing), summary of student feedback, 2013-14*
- 92. *Meeting with BSc and PGdip students, 5 March 2015*
- 113. *Review of current student portfolios, 5 March 2015*

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

The university has a multidisciplinary on line module which prepares practitioners for teaching, supervising and assessing students in the workplace. This is has been adapted for nursing and midwifery mentors and is approved by the NMC. Mentorship students complete a portfolio as part of their assessment (37 - 39).

<p>What we found at the event</p>
<p>We were told that the mentorship programme is a degree level module which is delivered face-to-face over a four day period. Individual trusts fund the module from their continuing practice development (CPD) budget (74).</p> <p><b>Nursing (mental health)</b></p> <p>We found that practice partner organisations offer support to staff who wish to complete the approved mentor module. However, some staff told us that they had experienced difficulties registering and enrolling for this module and the university might consider following this up. Mentors and sign-off mentors confirm that they are well prepared for their role in the assessment of practice and student progression. Mentors can also access additional student support information via the student and mentor intranet support link (62-65, 67, 68, 100).</p> <p><b>District nursing</b></p> <p>Mentors and practice teachers told us they are adequately prepared for their role. The majority have undertaken the practice teacher programme which may have been undertaken at the university or one of the other AEs in the London area (53-55, 59-60).</p> <p>We conclude that pre-registration nursing (mental health) and district nursing mentors, sign off mentors and practice teachers are effectively prepared for their role in assessing practice.</p>
<p>Evidence / Reference Source</p>
<p>37. <i>Education in the workplace module, March 2012</i></p> <p>38. <i>Supporting and assessing learning in practice module, April 2013</i></p> <p>39. <i>Supporting and assessing learning in practice settings, mentorship portfolio, September 2012</i></p> <p>53. <i>Meeting with district nursing practice teachers, Enfield, 4 March 2015</i></p> <p>54. <i>Meeting with managers, Enfield, 4 March 2015</i></p> <p>55. <i>Meeting with clinical learning and placement co-ordinator &amp; specialist practice assessor (DN), scrutiny of mentor register and audit database, 4 March 2015</i></p> <p>59. <i>Meeting with managers and practice teachers, North West London, NHS Foundation Trust, 5 March 2015</i></p> <p>60. <i>Meeting with head of L&amp;D (Camden), scrutiny of mentor list and audit database, 5 March 2015</i></p> <p>62. <i>Meeting with managers and staff, Mile End Hospital, East London NHS Foundation Trust, 4 March 2015</i></p> <p>63. <i>Meeting with practice experience managers, mental health, Mile End Hospital, 4 March 2015</i></p> <p>64. <i>Meeting with mentors, Mile End Hospital, 4 March 2015</i></p> <p>65. <i>Visit to Rosebank Ward, 4 March 2015</i></p> <p>67. <i>Meeting with managers and mentors, Cygnet Hospital, Beckton, 4 March 2015</i></p> <p>68. <i>Meeting with mentors, Clozapine Clinic 5 March 2015</i></p> <p>74. <i>Meeting with head of practice learning and professional lead, mental health, 4 March 2015</i></p> <p>100. <i>Intranet support link for mentors, viewed 4 March 2015</i></p>



<p>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</p>
<p>What we found before the event</p>
<p>Some trusts have developed a mentor portfolio to ensure that mentors comply with annual updates and meet the criteria for a successful triennial review (40).</p>
<p>What we found at the event</p>
<p>We observed that several trusts produce mentor newsletters and Barts Health has developed a key mentor initiative. The initiative is funded by HENCEL and provides a lead mentor in each clinical area. The aim of the initiative is to advance current mentoring skills and enhance and broaden the key mentors' abilities to engage with all practitioners/students and team members, through support from the Barts Health nurse education team and AEs (79, 101, 105-106)</p> <p>Nursing (mental health)</p> <p>We found that ELFT delivers mentor updates monthly and dates are organised well in advance. These updates are delivered by the PEMs' team to all mentors via face-to-face mentorship days. Attendance is recorded on the day of the update and this information is later added to the mentor database. A traffic light alert system operates to ensure that mentors are informed that they require a mentorship update to enable them to remain on the mentor register. Online mentorship updates are currently being developed and will become operational in the near future. Mentors provide positive evaluations of mentorship update events (63, 77, 102-104).</p> <p>District Nursing</p> <p>Mentor updates are provided for the district nurses by Middlesex University, in one of the trusts visited. These take place both at the university and in the trusts and there is a selection of advance dates provided. Attendance sheets are completed by mentors /practice teachers and these are forwarded to the clinical learning and placement coordinators/ PEM in each trust for recording on the live mentor register. Specific annual course updates are provided by the university for practice teachers. In addition the university holds six action learning sets and up-date forums per year, with mixed groups of practice teachers, presenting topics of current interest or course developments. Practice teachers told us they found these forums useful and a good opportunity to network. Trusts release staff and attendance rates are high (53-55,59-60).</p> <p>We conclude that mentors, sign off mentors and practice teachers attend annual updates sufficient to meet requirements for triennial review and to support the assessment of practice.</p>

Evidence / Reference Source
<p>40. NHS East London Foundation Trust, mentor portfolio, February 2013</p> <p>53. Meeting with district nursing practice teachers, Enfield, 4 March 2015</p> <p>54. Meeting with managers, Enfield, 4 March 2015</p> <p>55. Meeting with clinical learning and placement co-ordinator and specialist practice assessor (DN), scrutiny of mentor register and audit database, 4 March 2015</p> <p>59. Meeting with managers and practice teachers, North West London, NHS Foundation Trust, 5 March 2015</p> <p>60. Meeting with head of L&amp;D (Camden), scrutiny of mentor list and audit database, 5 March 2015</p> <p>63. Meeting with practice experience managers, mental health, Mile End Hospital, 4 March 2015</p> <p>77. Meeting with director of nursing, East London NHS Foundation Trust, 4 March 2015</p> <p>79. Meeting with associate director, NMATH, Barts Health and senior nurse pre and post registration education, Barts Health, NHS Whipps Cross, 5 March 2015</p> <p>101. Charringtons newsletter, Royal London Hospital, November 2014</p> <p>102 East London NHS Foundation Trust mentor updates, January to November 2015</p> <p>103. Mentorship update attendance records, 2013 -14</p> <p>104. Mentorship update evaluations, 2013-14</p> <p>105. Key mentor newsletter, Winter 2014</p> <p>106 Key mentor presentation, June 2014</p>
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 checked at the event.
What we found at the event
<p>Nursing (mental health)</p> <p>We viewed the ELFT electronic 'live' mentor database which is managed by the PEMs team. We found that the database is accurate and up-to-date and if mentors/sign-off mentors fail to attend an annual mentorship update or complete their triennial review in an inappropriate time period they are removed from 'live' mentor register (63).</p> <p>Educational audit information relating to mentor numbers was checked in individual practice learning sites and found to be accurate. Any changes to the reconfiguration of existing services are reported immediately to the university and the PEMs ensure that educational audits are modified to help determine the suitability of the area for future student practice placements (62 - 63, 65 and 68).</p> <p>District nursing</p>

In one trust we were told that, due to staff shortages, there were significant problems in updating all mentors in 2014. This was confirmed when reviewing the mentor register in which we found marked gaps in the 2014 and 2015 entries for the six district nursing teams. We were assured that no students are currently placed with mentors/practice teachers that are not up to date and we were able to verify this with cross checks of students. Triennial review data is also out of date with some mentors telling us they have completed triennial reviews but these have not been recorded on the register. The mentor register scrutinised in the other trust was RAG rated for tracking purposes but also requires improvement with some practitioners needing updating.

All practice teacher mentor records reviewed are accurate and up-to-date (53 - 55, 59-60).

We conclude that whilst records of mentors and sign off mentors are accurate and up to date for the pre-registration nursing (mental health) programme, mentor registers for the district nursing programme require improvement.

#### Evidence / Reference Source

- 53. Meeting with district nursing practice teachers, Enfield, 4 March 2015
- 54. Meeting with managers, Enfield, 4 March 2015
- 55. Meeting with clinical learning and placement co-ordinator & specialist practice assessor (DN), scrutiny of mentor register and audit database, 4 March 2015
- 59. Meeting with managers and practice teachers, North West London, NHS Foundation Trust, 5 March 2015
- 60. Meeting with head of L&D (Camden), scrutiny of mentor list and audit database, 5 March 2015
- 62. Meeting with managers and staff, Mile End hospital, East London NHS Foundation Trust, 4 March 2015
- 63. Meeting with practice experience managers, mental health, Mile End Hospital, 4 March 2015
- 65. Visit to Rosebank Ward, 4 March 2015
- 68. Meeting with mentors, Clozapine Clinic, 5 March 2015

#### Outcome: Standard requires improvement

#### Comments:

We were assured that no district nursing students are being supervised by practice teachers who are not up-to-date. However, in some placement areas we found mentor registers with significant gaps and some mentors who had completed triennial reviews which had not been recorded on the mentor register.

Whilst service user and carer input is embedded in the pre-registration nursing (mental health) nursing programme and the university has a service user/carer group, there is limited evidence as to service user/carer involvement in the district nursing programme.

#### Areas for future monitoring:

- Processes ensure that records of mentors/practice teachers are accurate and up to date.
- Service user and carer involvement in the planning and delivery of the district nursing programme.

Findings against key risks
<p><b>Key risk 4 - Fitness to Practice</b></p> <p><b>4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for</b></p> <p><b>4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for</b></p>
<p>Risk indicator 4.1.1 - students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for</p>
<p>What we found before the event</p>
<p>Nursing (mental health)</p> <p>The programme is divided into six theoretical units of study and uses a blended approach encompassing both face to face and online learning and teaching strategies. New clinical skills suites opened in March 2014. These enable students from disciplines across the school to work together to develop skills for practice. The simulated practice programme consists of 300 hours for the undergraduate pre- registration nursing students and 225 hours for the postgraduate diploma students. Summative assessments examine each module using a range of approaches e.g. written assignments, examinations and objective structured clinical assessment (OSCE) (41).</p> <p>District nursing</p> <p>The district nursing route is part of the BSc/PG diploma/MSc in public health programme, which also includes health visiting and school nursing routes. There are six academic modules, some of which are common and others which are discipline specific. The learning and teaching strategies include formal lectures, student-led seminars, group projects and practice based activities. There are formative and summative assessments (42).</p>
<p>What we found at the event</p>
<p>Nursing (mental health)</p> <p>Programme delivery is facilitated by lectures, seminars, simulated learning, tutorials and self-directed study. Lectures are generic in content, however the field specific application of these generic concepts are addressed within field specific seminars. Students confirm that the theory element of the programme is helpful and appropriate to their future learning within practice settings (66, 70).</p>

Several students expressed apprehension as to their understanding of the range of drugs commonly used within mental health care settings. A number of module booklets were examined, which indicated that student learning in relation to drugs forms part of the learning objectives within three programme study modules (66, 70, 108).

A variety of appropriate formative and summative assessments are used to assess student knowledge and competence in theoretical and practice learning elements of the programme. Students receive prompt and detailed feedback following programme assessments. This feedback not only considers the strengths and weakness of the students' work, it provides students with the necessary information and advice required to achieve improvements in future assessments (66, 70).

The validation of practice learning hours is recorded in the student's PAD and is monitored and recorded by the education provider when the PAD is submitted for assessment during different phases of the programme (107).

All students provided positive evaluations of teaching and learning opportunities within the programme and especially welcomed the involvement of service users/carers within university based periods of learning. Students value simulated learning opportunities and recognise that simulated learning is an important source of skills development helping them to prepare for practice placements (66, 70).

Practice partners are confident that poor performance is identified promptly and that the use of the PAD assists with identifying poor performance quickly and accurately. Practice partners confirm that students exiting the programme are fit for purpose and fit for practice. A significant number of students who successfully complete the programme are offered registered nurse positions within the trust (62-64).

#### District nursing

A variety of formative and summative assessments test the student's knowledge and achievement of NMC learning outcomes and competencies in order to meet the required standards. Students undertake examinations for both the evidence for practice module and as a requirement for the community practitioner nurse prescribing module. The V100 community nurse prescribing module is integrated into the programme with a timetable in place for five days of dedicated specific classroom based teaching. The V100 examination has a 40% pass mark consisting of 20 multiple choice questions. However, we were assured by the nurse prescribing lecturer that the additional numeracy element requires a 100% pass mark. This meets NMC requirements for V100 community nurse prescribing. Additionally, we found that students undertaking the unseen written examination will fail the examination if any answer given may be deemed to lead to potential harm to the patient or unsafe practice. Practice teachers are all practising community nurse prescribers and are able to discuss how the students achieve their experience in practice in order to meet the specific learning outcomes for prescribing within the programme (42, 46, 56 - 57, 61-62, 75,110 -112)

Our findings conclude that learning, teaching and assessment strategies in the approved programmes enable students to successfully meet the required programme learning outcomes, NMC standards and competencies.

Evidence / Reference Source

41. Programme Handbook, BSc nursing, adult, child and mental health, 2014- 2015
42. Programme Handbook, BSc/Postgraduate diploma/MSc public health (health visiting, school nursing and district nursing)
46. Practice based module district nursing, professional practice portfolio, 2014/15 page 30
56. Meeting with district nurses, previous student cohort, 4 March 2015
57. Meeting with current district nursing students, City University, 4 March 2015
61. Meeting with district nursing programme lead, 5 March 2015
62. Meeting with managers and staff, Mile End hospital, East London NHS Foundation Trust, 4 March 2015
63. Meeting with practice experience managers, mental health, Mile End Hospital, 4 March 2015
64. Meeting with mentors, Mile End Hospital, 4 March 2015
66. Meeting with mental health students, Mile End Hospital, 4 March 2015
65. Visit to Rosebank Ward, 4 March 2015
70. Meeting with mental health students, Clozapine Clinic, 5 March 2015
75. Meeting with interim programme director for BSc/PGdip MSC public health programme (health visiting, school nursing and district nursing) 4-5 March 2015
107. Review of current student portfolio, 5 March 2015.
108. Review of 3 module booklets 5 March 2015 to determine pharmacology content
110. Review of current student portfolio, 5 March 2015.
111. Meeting with part time lecturer for community practitioner nurse prescribing 4 March 2015
112. Community nurse prescribing (V100) timetable September 2014

Risk indicator 4.2.1 - students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for

What we found before the event

Nursing (mental health)

Practice assessment documents are common to all the nine universities sharing practice placement areas across greater London. These document achievement of essential skills and require students to log hours to ensure they achieve the prescribed practice hours to meet NMC standards. Additionally students complete an ongoing record of achievement (43 – 45).

District nursing

Students complete 60 days of supervised practice and 16 days additional experience. At the end of the programme students complete ten weeks consolidation of practice. All this practice is documented in the students' professional practice portfolio (46).

What we found at the event



### Nursing (mental health)

Students are allocated to a personal and professional development (PPD) group at the start of their programme and remain with this group for the duration of the programme. The groups are facilitated by a mental health nurse and meet weekly during practice. The purpose of the PPD groups is for peer support in addressing the complexity of mental health nursing (52).

The practice assessment document (PAD) and ongoing achievement record OAR are used to identify and help in the assessment of learning outcomes and competencies at various progression points including the final summative practice assessment of the programme. Essential skills are in place within the PAD and OAR. Students told us that they are confident about their level of knowledge and competence for the current stage of the programme. Mentors expressed satisfaction with the recently amended PAD believing that it accurately reflects essential skills and the level of competence which students must demonstrate at various stages within the programme. At each progression point students are observed by mentors delivering patient care. This period of observation helps mentors to assess how effective the students' skills and competence are for the stage of programme requiring assessment. Mentors consult with clinical colleagues and co-mentors to help reach inter-rater reliability decisions regarding student progress (63, 64, 66-70, 92, 98).

Students are provided with a range of opportunities to rehearse and develop caring skills practice. Students and mentors are satisfied with the guidance provided to assist in the formative and summative assessment of students in practice placements. Service users expressed satisfaction with the skills and competence of students involved in their care. Service users are confident that if any poor performance was observed this would be addressed promptly by the student's mentor or other clinical colleagues (63 - 64, 66-67, 69 -70, 92).

Within the programme students complete a self-selected elective placement in a practice learning environment of their choice. The hub and spoke model is used to structure a diverse range of practice learning opportunities. Spoke placements provide students with the opportunity to work closely with other health care professionals and gain understanding of their roles (66, 70 and 92).

### District nursing

We found that district nursing students have a wide range of opportunities for learning through both formative and summative assessments. The district nursing programme actively encourages students to seek wider opportunities in their practice setting and spend time with specialist nurses and allied health professionals who provide interesting and valuable knowledge to enhance their district nursing role. We found that the tripartite meeting between the student, link lecturer and practice teacher is an effective way to review questions, monitor progress and provide a robust mechanism for student progression. This is supported by the portfolio for practice requiring practice teachers to assess and sign off practice learning outcomes for specialist practice and prescribing in order to meet NMC requirements for recording as a district nurse. We found the portfolios presented were complete, signed off by their assessor and were of appropriate length (42, 46, 56-57, 61, 75, 113).

We conclude that students on the pre-registration nursing (mental health) and district nursing programmes achieve NMC practice learning outcomes and competencies at progression points and meet NMC standards for entry to the relevant part of the NMC register.

Evidence / Reference Source

- 42. Programme Handbook, BSc/Postgraduate diploma/MSc public health (health visiting, school nursing and district nursing)
- 43. PAD mental health nursing (part 1), BSc/PG diploma, 2014
- 44. PAD mental health nursing (part 2), BSc/PG diploma, 2014
- 45. PAD, mental health nursing (part 3), BSc/PG diploma, 2014
- 46. Practice based module district nursing, professional practice portfolio, 2014/15
- 52. Meeting with school staff, City University and presentation of mental health and district nursing programmes, 4 March 2015
- 56. Meeting with district nurses, previous student cohort, 4 March 2015
- 57. Meeting with current district nursing students, City University, 4 March 2015
- 61. Meeting with district nursing programme lead, 5 March 2015
- 63. Meeting with practice experience managers, mental health, Mile End Hospital, 4 March 2015
- 64. Meeting with mentors, Mile End hospital, 4 March 2015
- 66. Meeting with mental health students, Mile End Hospital, 4 March 2015
- 67. Meeting with managers and mentors, Cygnet Hospital, Beckton, 4 March 2015
- 68. Meeting with mentors, Clozapine Clinic 5 March 2015
- 69. Meeting with users and carers, Clozapine Clinic, 5 March 2015
- 70. Meeting with mental health students, Clozapine Clinic, 5 March 2015
- 75. Meeting with interim programme director for BSc/PGdip MSC public health programme (health visiting, school nursing and district nursing, 4 and 5 March 2015
- 92. Meeting with BSc and post-graduate mental health students, 5 March 2015
- 98. Inspection of PAD booklets, 4-5 March 2015
- 113. Review of current student portfolio (district nursing), 5 March 2015.

**Outcome: Standard met**

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks
<p><b>Key risk 5 - Quality Assurance</b></p> <p><b>5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards</b></p>
<p>Risk indicator 5.1.1 - student feedback and evaluation / Programme evaluation and improvement systems address weakness and enhance delivery</p>
<p>What we found before the event</p>
<p>All students are invited to undertake an evaluation of their experience at the end of each module, normally in the final lecture. This process aims to elicit a high volume of anonymous information to identify strengths of a module and areas for development so as to maintain a continuous cycle of improvement. The university operates a common question set for module evaluation in order to ensure consistency of approach and measurement across all provision (41- 42).</p> <p>Students on pre-registration and post-registration programmes are invited to undertake an evaluation of their placement experience at the end of each placement. Feedback is used to improve the practice experience whilst working in collaboration with practice colleagues, and plan future placement allocations. The programme manager/director shares results and actions plans at the student/staff liaison committee and results are included in the annual programme evaluation development plan (41-42).</p>
<p>What we found at the event</p>
<p>We were told that students undertake a paper evaluation at the end of each module. These evaluations are analysed; results are fed back to the module leader, programme director and divisional lead; and, any scores below 3.5 are followed up. In such cases the module leader meets with the line manager and develops an action plan to address the deficiencies. This also feeds in to the overall programme evaluation which is presented at the board of studies. Feedback to students is via the staff/student liaison meetings that take place once per term. Feedback on the overall programme is presented at student experience meetings (71).</p> <p>We learned that PEMs organise student evaluation of practice. Forms are provided by the university and analysed through the university QA system. Results are sent back to practice placements and reports are provided not only for individual placement areas but also for individual trusts (71).</p> <p>Nursing (mental health)</p>

We viewed feedback to ELFT of results of student practice evaluation. This demonstrates an overall satisfaction rate of 76%, whereas the target is 90%. An action plan is in place but the conclusion is that due to small numbers of students a couple of student evaluations have skewed these results. However, the university and the trust will monitor this closely. Overall students are positive about their placements and the supervision they receive (90).

We reviewed the most recent external examiner report. The external examiner is satisfied that teaching and assessment processes are robust. Furthermore, the processes for assessment and determination of awards, including the soundness and fairness of the conduct of the assessment board are professional and efficient. The external examiner moderated a sample of student PADs and it is planned that this year she will meet students in practice to gain feedback on their experience. There is evidence that the programme team responded promptly to the external examiner's report (47 - 48).

#### District nursing

We viewed a summary of district nursing student responses. Almost all students reported they felt adequately prepared for practice, mentors were professional, motivated and gave constructive feedback. All students reported learning outcomes were achieved (87).

We reviewed the most recent external examiner report. We noted that the external examiner is a registered SCPHN, has no recorded specialist practice qualification and is not a recorded teacher (12).

The external examiner report refers to the BSc/PG diploma in public health so it is unclear as to whether the comments made relate to district nursing. Overall the external examiner is satisfied with the delivery and assessment of the programme. The two issues picked up have been addressed by the university. However, there is no evidence that the external examiner moderated district nursing student portfolios or had contact with students (49 - 50).

We were told that external examiners are appointed for a five year term, which can be extended for a further two years. It is the responsibility of programme directors to nominate external examiners. The nominee submits a CV which is scrutinised by the quality assurance officer who checks that the individual meets not only the academic criteria but can act with 'due regard' for the programme being examined. Newly appointed external examiners attend an induction programme. They are provided with relevant information for the programme they examine and receive a list of assessment boards and dates when they can visit students or observe OSCEs. However, currently the university external examiner report form does not have a facility for external examiners to document interactions with students or confirm that they have moderated a sample of student practice documents (71).

We were told that the SCPHN external examiner attends the university the day before the exam board to review all the practice portfolios and meet with students and practice teachers, where possible. The external examiner attends the student conference before the assessment board where she meets the students and practice teachers. However, there is no 'due regard' district nursing and V100 community nurse prescribing, external examiner. The current SCPHN external examiner's term of appointment ends this year.

A new external examiner holding both SCPHN and specialist practice (district nursing) qualifications has been nominated. However, it is unclear as to whether this nominee has the qualification and experience to externally monitor the nurse prescribing elements of the district nursing programme (12, 75, 84).

We conclude that there are effective quality assurance processes in place to manage risks, address areas for development and enhance the delivery of the nursing (mental health) programme. We also conclude that there are effective student feedback and evaluation systems in place to enhance delivery of the district nursing programme. However, the university has ineffective processes for ensuring that the appointed external examiner, for the district nursing programme, has the required qualifications and experience and can act with 'due regard' for this NMC approved programme.

#### Evidence / Reference Source

- 12. NMC register checked, 23 February 2015 and 4 March 2015
- 41. Programme handbook, BSc nursing, adult, child and mental health, 2014- 2015
- 42. Programme handbook, BSc/Postgraduate diploma/MSc public health (health visiting, school nursing and district nursing)
- 47. External examiner report for BSc (Hons)/ PG dip mental health nursing, 2013/14
- 48. Response to external examiner comments, 28 October 2014
- 49. External examiner report for BSc(hons)/PG diploma Public Health (DN/HV/SN)
- 50. Response to external examiner report 28 October 2014
- 71. Meeting with quality assurance leads, 4 March 2014
- 75. Meeting with interim programme director for BSc/PGDip MSC public health programme (health visiting, school nursing and district nursing) 4-5 March 2015
- 84. CV for nominated SCPHN/ district nursing external examiner, undated
- 87. Public health (district nursing), summary of student feedback, 2013-14
- 90. ELFT feedback to student evaluation of clinical placements academic year ending August 2013, areas of concern - action plan academic year September 2013 – August 2014.

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

The university has a clear complaints policy. Two complaints were made by students in 13/14 regarding NMC approved programmes. Both complaints related to services managed outside of the school and were found to be partially substantiated. A number of measures have been put in place to address these issues and improve student experience. Feedback from students affected by the issues has been positive and they are satisfied with the action plans.

What we found at the event

Nursing (mental health)

A summary of the evaluations from 40 students who had recently completed a practice learning placement was accessed and a number of student complaints identified. We met with the interim course director and practice co-ordinator to discuss these complaints. The PEM representative was also consulted on this matter. We are satisfied that an appropriate action plan has been developed to prevent any further problems and there is clear evidence of effective collaborative working with practice partners to prevent similar problems occurring in the future. Practice partners are not aware who the external examiner is for the programme. They would welcome the opportunity to meet with the external examiner and to receive external examiner reports/feedback regarding the overall quality of the programme (114-115).

District nursing

Students reported they were extremely well supported through the programme and felt as though their feedback was heard by the programme team and acted upon where possible (53,56,59, 61).

We conclude from our findings that the university has robust processes in place to ensure issues raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

Evidence / Reference Source

- 53. Meeting with district nursing practice teachers, Enfield, 04 March 2015
- 56. Meeting with district nurses, previous student cohort, 4 March 2015
- 59. Meeting with managers and practice teachers, North West London, NHS Foundation Trust, 5 March 2015
- 61. Meeting with district nursing programme lead, 5 March 2015
- 114. Summary of practice evaluations Summer 2014 report
- 115. Meeting with Interim Programme Director, 5 March 2015

**Outcome: Standard not met**

Comments:

The current external examiner for the district nursing programme does not have 'due regard' for district nursing nor can we be assured about the expertise for the quality assurance of the community nurse prescribing (V100) element of the programme. The university must ensure that all future external examiners for the district nursing programme, with integrated nurse prescribing, have 'due regard' and the required qualifications and experience. The university must produce an action plan to demonstrate that all future external monitoring of the district nursing programme will be undertaken by an external examiner with district nursing and nurse prescribing qualifications and experience.

Following the monitoring review the university put in place immediate action to appoint an external examiner with



'due regard' for district nursing and V100 prescribing. CVs for appropriate nominees were submitted and met the criteria for appointment. Concurrently, the university developed an action plan to strengthen the quality assurance process for the appointment of external examiners.

**19 October 2015: Follow up visit to City University. Standard now met**

At the follow up visit to review progress against the action plan we found that: the recently implemented quality assurance process for the appointment of external examiners is clear and robust ensuring that those appointed have the required qualifications and experience to act with 'due regard'; two 'due regard' external examiners have been appointed, one to moderate the district nursing programme and the other to moderate V100 prescribing across all the public health programmes; and, minutes of the most recent assessment board, for the district nursing programme, demonstrate that the recently appointed district nursing external examiner has engaged with students and moderated work for the latest cohort of students.

Evidence to support the standard is met includes:

- CVs for appointed external examiners for district nursing and V100 prescribing, undated
- Quality Assurance Process for the Appointment of External Examiners, 23 March 2015
- Minutes of Assessment Board for Public Health Nursing, 16 September 2015
- City University, London, External Examiner's 2014/15 Annual Report, BSc/PGDip/MSc Public Health (District Nursing), September 2015
- Response from Programme Director to External Examiner Report, 30 September 2015

Areas for future monitoring:

Review the university process to ensure the appointment of external examiners ensures they have the required qualifications and experience to act with 'due regard'.

**Personnel supporting programme monitoring**

**Prior to monitoring event**

Date of initial visit: 12 Feb 2015

**Meetings with:**

Associate Dean, Director of Undergraduate Studies and Workforce Development  
Quality and Student Support Manager

Divisional Lead for Nursing

Professor of Community and Primary Care Nursing (Acting Programme Director for BSc/PG Diploma Public Health (DN, HV, SN))

Head of Practice for Nursing and Midwifery programmes
<b>At monitoring event</b>
<b>Meetings with:</b>
<p>Dean Associate Dean, Director of Undergraduate Studies and Workforce Development Divisional Lead (Nursing) Associate Dean Education – Quality and Student Experience Professional Practice Lead for Mental Health Interim Programme Director (BSc/PG dip Mental Health) Professor of Collaborative Mental Health Nursing Admissions Tutor for Mental Health Interim Programme Director for BSc/PG dip/MSc Public Health Programmes (Health Visiting, School Nurse, District Nursing) Lecturer (Public Health), District Nursing Programme Manager, Health Visiting Lead Midwife for Education and Programme Director (BSc and PG diploma Midwifery Programmes) Head of Practice for Nursing and Midwifery programmes Senior Commissioning Manager (Healthcare Professionals) Director of Nursing, East London NHS Foundation Trust Associate Director, Barts Health Senior Nurse Pre and Post Registration Education for Nursing and Midwifery Academic Health Sciences Barts Health NHS Trust Whipps Cross Quality and Student Support Manager</p>

Meetings with:

Mentors / sign-off mentors	20
Practice teachers	5
Service users / Carers	4
Practice Education Facilitator	4

Director / manager nursing	4
Director / manager midwifery	
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	4  Past student district nurses x 2 Student practice teachers x 2

Meetings with students:

<b>Student Type</b>	<b>Number met</b>
Registered Nurse - Mental Health	Year 1: 8 Year 2: 15 Year 3: 2 Year 4: 0
Specialist Practitioner - District Nursing (Mandatory Integrated Nurse Prescribing)	Year 1: 10 Year 2: 0 Year 3: 0 Year 4: 0